

<i>SERFF Tracking Number:</i>	<i>UNON-125721072</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10033933 \$50</i>
<i>Company Tracking Number:</i>	<i>08-GL-FM-40</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>2008 GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR GL Form Filing/</i>		

Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company

Product Name: 2008 GL Form Filing

SERFF Tr Num: UNON-125721072 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: #10033933 \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-GL-FM-40

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Frances Linker, Mark Jones, Tamara Manuel

Disposition Date: 07/10/2008

Date Submitted: 07/09/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 08-08 AR GL Form Filing

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/10/2008

State Status Changed: 07/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following revised company form:

CL CG 00 23 05 08 Broad Form Products Coverage

<i>SERFF Tracking Number:</i>	<i>UNON-125721072</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10033933 \$50</i>
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<i>Product Name:</i>	<i>2008 GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR GL Form Filing/</i>		

This form is being filed to replace CL CG 00 23 11 07 by the same name. Since our filing of CL CG 00 23 11 07 we have again reviewed this form. The Conditions wording was originally written in conjunction with the wording used when the auto repair shops used the Garage Coverage Form. Now that the General Liability Form is used, the "Your Work" and "Your Product" exclusions do NOT reference materials, parts or labor so the clause is not needed. We are replacing CL CG 00 23 11 07 with CL CG 00 23 05 08 (same name (Broad Form Products Coverage) in place of the one filed with the Conditions, Part 10 section removed.

No General Liability rules are being changed at this time.

As we are filing via SERFF, our check for \$50.00 for the filing fee will be mailed shortly.
Should you have any questions or wish to discuss this matter further, please feel free to write, email (tmanual@usic.com), or call me at (800) 444-0049, extension 2483. My fax number is (972) 719-2348.

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst	flinker@usic.com
P. O. Box 152180	(972) 719-2400 [Phone]
Irving, TX 75015-2180	(972) 719-2301[FAX]

Filing Company Information

Acadia Insurance Company	CoCode: 31325	State of Domicile: New Hampshire
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2465 ext. [Phone]	FEIN Number: 01-0471706	

Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 42-0594770	

Union Insurance Company	CoCode: 25844	State of Domicile: Iowa
122 W. Carpenter Freeway	Group Code: 98	Company Type: P&C
Suite 350		

SERFF Tracking Number: UNON-125721072 *State:* Arkansas
First Filing Company: Acadia Insurance Company, ... *State Tracking Number:* #10033933 \$50
Company Tracking Number: 08-GL-FM-40
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: 2008 GL Form Filing
Project Name/Number: 08-08 AR GL Form Filing/

Irving, TX 75039 Group Name: W. R. Berkle State ID Number:
(972) 719-2400 ext. 2465[Phone] FEIN Number: 47-0547953

SERFF Tracking Number: UNON-125721072 State: Arkansas
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10033933 \$50
Company Tracking Number: 08-GL-FM-40
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: 2008 GL Form Filing
Project Name/Number: 08-08 AR GL Form Filing/

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010033933	\$50.00	07/09/2008

SERFF Tracking Number:	UNON-125721072	State:	Arkansas
First Filing Company:	Acadia Insurance Company, ...	State Tracking Number:	#10033933 \$50
Company Tracking Number:	08-GL-FM-40		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	2008 GL Form Filing		
Project Name/Number:	08-08 AR GL Form Filing/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/10/2008	07/10/2008

SERFF Tracking Number: UNON-125721072 State: Arkansas
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10033933 \$50
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Product Name: 2008 GL Form Filing
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Disposition

Disposition Date: 07/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: UNON-125721072 State: Arkansas
 First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10033933 \$50
 Company Tracking Number: 08-GL-FM-40
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: 2008 GL Form Filing
 Project Name/Number: 08-08 AR GL Form Filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Broad Form Products Coverage	Approved	Yes

SERFF Tracking Number: UNON-125721072 State: Arkansas

First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10033933 \$50

Company Tracking Number: 08-GL-FM-40

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: 2008 GL Form Filing

Project Name/Number: 08-08 AR GL Form Filing/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Broad Form Products Coverage	CL CG 00 23	05 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: CL CG 00 23 11 07 Previous Filing #: 08-GL-FM-28		CL CG 00 23 05 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROAD FORM PRODUCTS COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following changes are made to **Paragraph 2. Exclusions** under **Section I – Coverages – Coverage A Bodily Injury And Property Damage Liability**:

1. With respect to repair operations on your customer's autos, Exclusion **2.k.** is deleted. However, subject to **Section III** Limits of Insurance, the coverage only applies to that amount of "property damage" to "your products" that exceeds \$500 for any one "occurrence".
2. With respect to repair operations on your customer's autos, Exclusion **2.l.** is deleted. However, subject to **Section III** Limits of Insurance, the coverage only applies to that amount of "property damage" to "your work" that exceeds \$500 for any one "occurrence".

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<i>Project Name/Number:</i>	<i>08-08 AR GL Form Filing/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNON-125721072 State: Arkansas
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10033933 \$50
Company Tracking Number: 08-GL-FM-40
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: 2008 GL Form Filing
Project Name/Number: 08-08 AR GL Form Filing/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07/10/2008

Comments:

Attachment:

08-08 GL Form Filing Transmittal.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

W. R. Berkely Corp.

Group NAIC #

0098

4. Company Name(s)**Domicile****NAIC #****FEIN #****State #**

Continental Western Insurance Company

IA

10804

42-0594770

Union Insurance Company

IA

25844

47-0547953

Acadia Insurance Company

NH

31325

01-0471706

5. Company Tracking Number

08-GL-FM-40

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address****Title****Telephone #s****FAX #****e-mail**Tamara Manuel
Irving, TX 75039

Filings Analyst

800-444-0049

972-719-2301

tmanuel@usic.com

7. Signature of authorized filer

8. Please print name of authorized filer

Tamara C. Manuel

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

17.2 Other Liability-Occ Only

10. Sub-Type of Insurance (Sub-TOI)

17.2001

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**12. Company Program Title (Marketing title)**

Com'l General Liability

13. Filing Type
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☒ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New: Upon Approval Renewal: Upon Approval

15. Reference Filing?☐ Yes ☒ No**16. Reference Organization (if applicable)****17. Reference Organization # & Title****18. Company's Date of Filing**

7/15/2008

19. Status of filing in domicile☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-GL-FM-40
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21.	Filing Description	hi area can be e in lie a c er letter r ilin e ran an i ree- r te t
<p>Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following revised company form:</p> <p>CL CG 00 23 05 08 Broad Form Products Coverage</p> <p>This form is being filed to replace CL CG 00 23 11 07 by the same name. Since our filing of CL CG 00 23 11 07 we have again reviewed this form. The Conditions wording was originally written in conjunction with the wording used when the auto repair shops used the Garage Coverage Form. Now that the General Liability Form is used, the "Your Work" and "Your Product" exclusions do NOT reference materials, parts or labor so the clause is not needed. We are replacing CL CG 00 23 11 07 with CL CG 00 23 05 08 (same name (Broad Form Products Coverage) in place of the one filed with the Conditions, Part 10 section removed.</p> <p>No General Liability rules are being changed at this time.</p> <p>As we are filing via SERFF, our check for \$50.00 for the filing fee will be mailed shortly.</p> <p>Should you have any questions or wish to discuss this matter further, please feel free to write, email (tmanuel@usic.com), or call me at (800) 444-0049, extension 2483. My fax number is (972) 719-2348</p>		

[View Complete Filing Description](#)

22.	Filing Fees	iler t r i e chec an ee a nt i a lible a tate re ire y t h h y calc late y r ilin ee lace that calc lati n bel
<p>Check #: Ck will be mailed shortly</p> <p>Amount: \$50</p>		
<div></div>		
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

-1 2 2